# and 3 to the is director. Page New York the State Board of Health, the State Board of Health, ours after death.

TO DEPC.—MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the items 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and AWIM, the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death.

VS. A15ME 5M 7/59 1 PIECE OF DES

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11849 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY			a. STATE	L (Where decessed lived, b. COL	INTV
St	. Marys	MARYLAND	Mary		St. Marvs
b. CITY OR TOWN (if ou write RURAL and giv	tside corporete limits,	c. LENGTH OF STAY IN 16			ite RURAL and give nearest town)
/	XXXXX Great	Mille	X Vell	ey Lee	
		hospitel, give street address)	d. STREET ADDRESS	cy Dec	. IS RESIDENCE
Runel			Pune		ON A FARM? YES NO V
3. NAME OF	First	Middle	Rura Rura	4. DATE Mor	
DECEASED (Type or print)	**			OF DEATH Oatab	
	Herman	Jerome E	arnes	OCTOD	
J. JEA	7. MAI	RRIED NEVER MARRIED   8	. DATE OF BIRTH	lest birthdey	Months Deys Hours Min.
male	negro WIDO	WED DIVORCED	11/11/191	1 49 yrs.	Williams Soys Mosts
10e. USUAL OCCUPATION done during most of working	(Give kind of work 10k	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labor		General	Marylan	đ	USA
13. FATHER'S NAME		00110101	14. MOTHER'S MAIDEN		OOA
Fm	nest Benne	( 300)		Taith And	( 300)
15. WAS DECEASED EVER IN	Nest barnes	dec) 16. SOCIAL SECURITY NO.   17. 1	INFORMANT	Edith And	
(Yes, no, or unkown) (Ifyas					
NO CHUSE OF DEE	TH (Fator only one sause	578 12 8799 Ner lina for (a), (b), and (c).]	lary E, Bar	nes - Lexin	gton Park, Md.
PART I. DEATH W		0	10 -		INTERVAL BETWEEN ONSET AND DEATH
IMM	EDIATE CAUSE (e)	Them	Alast		inomer
981X	DUE TO				
Conditions, if any, w	hich ) (b)				
geve rise to immediate	- DHE TO				
(a), steting the under	(c)				
Z PART II. OTHER SIG	17	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION G	IVEN IN PART 1(a)   19. WAS AUTOPSY
6					PERFORMED?
5 200 EVERNIER CARRE	WAS JOB DE	SCRIBE HOW INJURY OCCURED. (	Enton notions of Injury In Post	Lan Book III of 34 10 3	YES NO
PART II. OTHER SIG	IBUTING [	CRIBE HOW INJURY OCCURED. (	ther neture of injury in ran	A TO	
		SHOI	DURING	, ARGO	MENT
20c. TIME OF INJURY Hour e.m.		Od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm ory, streat, offica bldg., etc.)		(County) (State)
10'30 p.m.			YOME	GREAT	TILLS STMARKS /TR
	took charge of the r	emains described above, he	ld an Autopsy .	Inspection Inqu	and in my opinion
death resulted from			ide , Homicide		
Countries it on	100	The state of the s	CHIEF MEDICAL E		
ACTUAL	Cele/ 1	772			
SIGNATURE	nax	10000	M.D. ASSISTANT MEDI	_	DATE SIGNED
EXAMINER'S	D D .	100	DEPUTY MEDICAL		TM/ TT/ QT
	n. D. Boyd,			rdtown yn i y 1Md.	
22e. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, tow	rn, or country) (State)
Burial	10/16/61	Beth Thursd	lay Cem.	Valley L	ee, Maryland
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR   24b. RE	
P.B. Roll	ninson - Le	eonardtown. Mc	0841	R '61	24
I()		CHICK CLUVILLE INC	, mary 1.	1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- T

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FOR STATE HEALTH DEP TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the familiar director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	20011						00.)
. PLACE OF DEATH			2. USUAL RESIDI	ENCE (Where dec	eesed lived, If institut	ion: Residence	before edmission
e. COUNTY	Warrel a	MEDULEND	a. STATE May	yland	b. COUNTY St	Mary	1 g
b. CITY OR TOWN (if a	Mary's	c. LENGTH OF STAY IN 16		•	rate limits, write RURA		
write RURAL and g			X			Ar and Sive to	outest town;
Callaway		6 hrs	Rural	Great Mi	IIs		
d. NAME OF HOSPITA	L OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRE	55			o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lest	4. DATE	Month	Day	Year
(Type or print)	Florence	Mary	Chase	OF DEATH	October	10,	1961
. SEX	S. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED 8	. DATE OF BIRTH	19.	AGE (In yeers   IF UN	DER 1 YEAR	IF UNDER 24 HRS.
emale			May 10. /	9/3	48 yrs. Mont	hs Deys	Hours Min.
a. USUAL OCCUPATIO	N (Give kind of work   10b	. KIND OF BUSINESS OR INDUSTR		ele or foreign cour		CITIZEN OF	WHAT COUNTRY
one during most of worki			3000		Maryland	U.S.	A.
House WO	rk		14. MOTHER'S MAID	FNNAME		. ,,,,,	
	O		Monter o maio	2	alen		
	mes Green IN U.S. ARMED FORCES?	14 SOCIAL SECTIONS NO. 1 47	MRODWEST	( NI			
	esgive wer or detes of service)	16. SOCIAL SECURITY NO. 17. 1			Address	(4))	M
No		20 11 11 11	s Louise G	Briscoe	Great I	ullis,	Maryland
	ATH [Enter only one cause p	er line for (e), (b), end (c).]					RYAL BETWEEN ET AND DEATH
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)	enebral	Hemmet	inge		0143	30 nu
331V	DUE TO	,		0 1 - 0			So, ma
0011	11.15						
Conditions, if any,	1-1-						
(a), stating the und	> DUE TO						
cause last.	(c)						
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN IN	PART 1(e)   19	. WAS AUTOPSY PERFORMED?
PART II. OTHER S  20e. EXTERNAL CAU PRIMARY Or CONT CAUSE OF DEATH.						YE	_
200. EXTERNAL CAU		CRIBE HOW INJURY OCCURED. (E	inter neture of injury in	Pert I or Pert II of i	tem 18.)		- KH
PRIMARY   or CONT	RIBUTING [						
	Month, Dey, Yeer   20	d. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, f	ferm, 20f. (City	an tawal	(Country)	151-1-3
20c. TIME OF INJURY Hour a.m.			ory, street, office bldg.,		or lown;	(County)	(State)
p.m.		work at work			The house		
21. I certify that	I took charge of the r	emains described above, he	ld an Autopsy	Inspection [	No Inquiry R	, and i	n my opinion
	m: Natural causes	Accident . Suic	ide , Homicia	ie , Und	etermined manner		
death resulted fro	/ \ &	4 /					
death resulted fro	. / \	1	CHIEF MEDICA	AL EXAMINER I			
death resulted fro	THAT		CHIEF MEDICA	_		D.7	TE GIGNED
	VH. fatur	eli	M.D. ASSISTANT M	MEDICAL EXAMINE		D1	TE SIGNED
ACTUAL SIGNATURE EXAMINER'S	VH. fatm	eli .	A SSISTANT N	MEDICAL EXAMINE	· []	10-	TE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	VH. fatu		M.D. ASSISTANT MEDICAL Address (Street	AEDICAL EXAMINER	ounty)	10-	-11-61
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	22b. DATE THEREOF	22c. NAME OF CEMETERY OF	M.D. ASSISTANT MEDICAL Address (Street	AEDICAL EXAMINER		10-	State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	22b. DATE THEREOF 10/12/6/		M.D. ASSISTANT N  ALS DEPUTY MEDIO  Address (Street	AEDICAL EXAMINER	ounty) ON (City, town, or co	10-	(State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  12e. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 10/12/6/	22c. NAME OF CEMETERY OR	M.D. ASSISTANT M ALS DEPUTY MEDI Address (Street CREMATORY	AEDICAL EXAMINER  CAL EXAMINER  1, city, town, or co	ounty) ON (City, town, or co	ID- untry)	(State)

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## FOR STATE HEALTH DEPT. y is necessary, al director. Page Health, TO DEPUS. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any by is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full all director. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in an every within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11054 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11851	
1. PLACE OF DEATH  6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. STATE
St. Marys Marylan	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	1 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown)
Tall Timbers	X Tall Timbers
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
D	ON A FARM
Rural 3. NAME OF First Middle	Last 4. DATE Month Day Yeer
DECEASED (Type or print)	OF
WILLIAM - CC	OURT DEATH October 31, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lest birthdey)   Months   Deys   Hours   Min.
male white WIDOWED DIVORCED	October 8, 1885 76 yrs. 76 yrs.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stell or foreign country)   12. CITIZEN OF WHAT COUNTRY
Plumber Plumbing	District of Columbia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The 27 TO (1-1-1)	T-7.4 A 05 171 ( 3
Emil E. Court ( dec)  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1	Julia A. Shellhorn ( dec
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	401 Gréenbrier Dr.
Yes 1915-1920 214 30 2397	Edward Court Silver Spring, Md.
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	cary they aret. 6 HR
4201 DUE TO	
Conditions, if eny, which \ (b)	
geve rise to immediate cause	
(e), stering the underlying	
TO STATE OF THE ST	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BU  20a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH CAUSE OF DEATH	PERFORMED?
5	YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURE	ED, (Enler nature of injury in Part t or Part II of item 18.)
	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Siete) fectory, street, office bldg., etc.)
Hour e.m. While Not While	rectory, sites, office ordy., etc.)
21. I certify that I took charge of the remains described above	, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X. Accident	
	CHIEF MEDICAL EXAMINER
SIGNATURE Com VISON	M.D. ASSISTANT MEDICAL EXAMINER
SIGNATURE OF THE SIGNATURE	DEPUTY MEDICAL EXAMINER
	M.D.
EXAMINER'S WM. D. Boyd, MD  EZO. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	DEPUTY MEDICAL EXAMINER X  Leonar: Charles (City, town, or country)  11/1/61  LY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
EXAMINER'S NAME (Type) Wm. D. Boyd, MD  EZO. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/6/61 Arlington	DEPUTY MEDICAL EXAMINER X  Leonars town sow Moounty)  11/1/61  IY OR CREMATORY  22d. LOCATION (City, town, or country)  National  Arlington. Va.
EXAMINER'S NAME (Type) Wm. D. Boyd, MD  120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	DEPUTY MEDICAL EXAMINER X  Leonar: dto, wn, own, or country)  VOR CREMATORY  22d. LOCATION (City, town, or country)  National  Arlington, Va.  24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND 11852OF DEATH funeral USUAL RESIDENCE (Where daceased lived, If institution, Rasidance before admission) PLACE OF DEATH a. COUNTY e. STATE the d 2 St. Mary's MARYLAND Maryland St. Mary's b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) in by write RURAL and giva naarast town) Lexington Park Leonardtown Rural Pages led aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass d. STREET ADDRESS St. Mary' s Hospital Rt 1, Box NAME OF complete Middle DATE DECEASED OF (Typa or print) DEATH Boy Holford October carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X with 5. SEX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH and last birthday) Months WIDOWED DIVORCED Male Colored October 12 physician 1Da. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Mary Evelyn Whalen Raymond L. Holford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. hen (Yes, no, or unkown) | (If yes give we for detes of service Mother 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). physician. þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which certificate has been geve risa to immediate ceusa DUE TO (e), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO as 0 use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) Month, Day, Yaar factory, street, offica bldg., atc.) Whila Not While Hour e.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from........ plnous ., and that death occured at. saw the deceased alive on. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR 3 PHYS. PHYS. director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Great Mills, Maryland ./Jarboe M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF Oct. 13. Holy Face Cemetery 1961 Great Mills. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Leonardtown. Maryland W. Clarke Mattingley DATECT 1 9 '61 Orly & Thous

ARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES Y NO

61

19

INTERVAL BETWEEN

PERFORMED?

NO

(State)

DATE

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Deys

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IF UNDER 24 HRS.

24 hours after

certificate be attending The PHYSICIAN: hospital the may be retained by the DIRECTOR: After this ATTENDING

> VR A15 (4) 1SM 9/60

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Stollor . a bnorgon

James P. Jarbon L.D.

urial Oct. 15, 1961 Holy race Constary Great Mills. Md.

V. Morrie mitings, Loomerton, erpland

Great Mills, Maryland

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY e. STATE b. COUNTY St. Mary's MARYLAND Maryland St. Mary's CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Rural Great Mills lled in weeks Rural Ridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Dey DECEASED David (Type or print) Glen DEATH Keister October 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) and Months Hours Deys DIVORCED WIDOWED June 7, IN Male White physician 12. CITIZEN OF WHAT COUNTRY? remove 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME please attending and Ronnie C. Keister Joan P. Carroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17, INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service removal the Mother 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH attending physicia as been signed by burial-transit perm PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, DUE TO attending geve rise to immediate cause DUF TO (a), steting the underlying has certificate ha RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WAS AUTOPSY CERTIFICATION PERFORMED? NO . prior 20c. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I, or Port II of IJom 1B.)

OR CONTRIBUTING | CAUSE OF DEATH | LVIDENTLY, after waking early in A.M. child began pulling (IF EITHER, NOTIFY MEDICAL EXAMINER) wool from blanket on bed. Much wool was found in child's

20c. TIME OF INJURY | Month, Dey, Year | 205 NIJURY OCCURED 20 PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) detached for ined by the fectory, street, office bldg., etc.) Not While ö DIRECTOR: A et work et work home - in/bed Great Mills St. Marvs Kac 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on. shoul 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED FUNERAL E ector, page 3 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) James P. Jarboe M.D. Great Mills. Maryland director, p 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) death. 23e. BURIAL, CREMATION. REMOVAL\_(Specify) Oct. 20,1961 St. James Cemetery s City. Maryland St. Mary ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 W. Clarke Mattingley Leonardtown, Maryland Circhard S. France 2,078191XV3

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

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**DIVISION OF STATISTICAL RESEARCH** 

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CERTIFICATE OF DEATH 11855 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY the d MARYLAND CLTY OR TOWN (if outside corporeta limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) þ write RURAL and give reerest town) .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS papers. 3. NAME OF Middle Last 4. DATE Monti 72 complet DECEASED OF Charles (Type or print) Columbus Lucas DEATH 5 withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR DATE OF BIRTH pue lest birthdey) Months Male WIDOWED DIVORCED event. physician 10a. USUAL OCCUPATION (Giva kind of work remove done waring most of working life, even if retired) EATHER'S NAME please e attending property of the please 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL SECURITY NO. (Yes, ng) of unkown) | (Ifyas give wer or dates of service) remova may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. I 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 0 PART I. DEATH WAS CAUSED BY: Cerebral Arterio Sclerosis IMMEDIATE CAUSE (e) DUE TO Hypostatic Pneumonia Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY prior 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED ! 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) Not While While ō et work et work Sept.30 saw the deceased alive on. 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Kurz, M.D. La Plata, Maryland ector, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF TREMOVAL (Specify) P F B Cem. 2 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4)

The law requires that the death

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE

Your

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? NO X

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22b. DATE

(State)

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(County)

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IF UNDER 24 HRS.

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DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
11856	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	11841

I. PLACE OF DEAT	Н	± V9.00	TALIN ULJU	2. USUAL RESIDER	NCE (Where dec	eesed lived, If I		sidence before e	dmission)
St	. Mary's		MARYLAND		yland	5, 60011		Mary's	3
	(if outside corporete limit d give neerest town)	s, c.	LE GTH OF STAY IN 16	c, CITY OR TOWN	(If outside corpo	rete limits, write	RURAL end	give neerest tow	rn)
	rdtown		& day:	X Le	eonardto	wn			
	ITAL OR INSTITUTION (in	f not in hospitel		d. STREET ADDRESS					ESIDENCE
0	od Manual a t								NO X
3. NAME OF	St. Mary's First	lospiua.	Middle	Last	4. DATE	Month		Dey Yee	
DECEASED (Type or print)	n. 3				OF DEATH			4.0	
5. SEX	Reed		Silvin	Owens 8. DATE OF BIRTH		AGE (In yeers			61 R 24 HRS.
Male		7. MARRIED WIDOWED	NEVER MARRIED X	TO REPORT OF THE PARTY OF	у.	lest birthday)	Months De	ys Hours	Min.
	White   TION (Give kind of work			Dec. 19, 1960	unty & State or f	,		EN OF WHAT	COLINTRY
done during most of w	orking life, even if retired	d)	OI BOSHAESS OK HADOS	IN BINITIFE CE (COL					COUNTRI
					Maryl	and		U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDER	N NAME				
Ch	arles B. Ow	nes		Julia l	Mae Wils	on			
5. WAS DECEASED EN	VER IN U.S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO. 17.	INFORMANT		Address	III (IVE		
ros, no, or ankown)	in too At an and of doles of se	77160)		Mother		same as	# 2		
IB. CAUSE OF	DEATH [Enter only one	cause per line l	for (e), (b), end (c).)			DAM'S CAD	H -	INTERVAL BET	
PART I. DEAT	TH WAS CAUSED BY:		CP	, pro-				ONSET AND	DEATH
11000	IMMEDIATE CAUSE (e)_		Ineur	wasterna /	-			1-4	in the second
79 X	DUE TO								
Conditions, if en									
gave rise to immed									
ceuse lest.	) (c)								7.0
PART II. OTHE	R SIGNIFICANT CONDIT	IONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	ONDITION GIV	EN IN PART 1	(e) 19. WAS A	UTOPSY
								YES T	NO 14
PART II. OTHE	AS UNDERLYING	20b. DESCRIE	BE HOW INJURY OCCUR	ED. (Enter neture of injury in	n Pert I or Pert II	of item 1B.)			
	CAUSE OF DEATH								
20c. TIME OF INJ	URY Month, Dey, Yee			LACE OF INJURY (Home, fa		or town)	(Count	у)	(Stete)
20c. TIME OF INJ Hour e.m.	19	While et work	Not While 16	reiory, street, office oldg., e	1				
				10 /14	10/1/10	10/15-	106	/. that (1)	(we) las
21. I certify	mar (i) (this nospir	arrended	nie deceased from	land day day	17 Mars 1.	the services		, mai (i) (	(40) 192
	ised alive on/.V.	f	199, and th	at death occured at	ZM, from	the causes	and on th		DATE
22e. SIGNATURE	Alle	177	3-6.1	M.D. ATTENDING	MED.	STAFF PHYS.		10	SIGNED
22c. PHYSICIAN'S		1	70	22d. AODRESS		,		1	1
NAME (Type	William	D. Boyd	M.D.	Le	onard tow	m, Mary	land		
3e. BURIAL, CREMAT	TION, 236. DATE THER		Sc. NAME OF CEMETER	Y OR CREMATORY	23d. LOCA	TION (City, tov	yn or county)	(S	tete)
REMOVAL (Specify	()							Manual	3
Burial	Oct. 17	,1901	Our Lady		EC'D BY REGIST	y's Nec	K PAPIS SI	Marylan	
4 FUNERAL DIRECTO									
.Clarke Ma	attingley I	eonard	town, Maryla	ind DAGC	T 1 9 '61	Cull	un & tis	aus	
	S III II I	1							

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Charles U. Ownor

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Dec.19.1900

Maryland U.S.L.

Julia Mar Wilson

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Duriel Cet. 17,1961 Car Lady's Chapel Hedley's Neck, Jaryland

M. Wierle hattingley idoneratown, Maryland 0000 P 81

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TO HOSPIT, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be remed by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		11821		CERTIF	ICAT	E OF DEATH			12-1		111	249	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (WHO STATE	nere decease		If institutio	n: Residen	ce befar	e admissi	an)
	St	. Mary's		MARYL	AND	Maryl	and	В.	COUNTY	St.	Ma:	ry 's	
	RURAL ond give ne		ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside corpo	orote limit	s, write RL	JRAL ond g	give neo	rest tawn	)
	Patuxent			2Hrs 30Min	n	Lexin	gton	Park					
1	OR INSTITUTION USNAS.	AL (If not in hospital, gotation Ho	ive street spit:	address)		d. STREET ADDRESS Box #	432				•		DENCE FARM?
3.	NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF		Mant	th	Day	, Y	eor
	(Type or print)	Grace		Kathyri	n	SEVERNS	OF DEATH		Octo	ber	6		961
5.	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	B P	DATE OF BIRTH		9. AGE		IF UNDER		IF UNDE	R 24 HRS.
	Female	Cauc.	WIDOWI	DIVORCED	D'	October 6,	1961	10ST D	irthday) yrs.	Manths	Days	Hours 2	Min. 30
10a	. USUAL OCCUPATIO	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (Stote	ar fareign c	ountry)	11.2	12.CITI	ZEN OF	WHATC	OUNTRY?
	Nove.	IN+2N+		-		Maryla				U	J.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
	Joseph	Christoph	er Si	EVERNS		Grace	Kathy:	rn M	ILLS				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT			Addr	ess Bo	x #	432	
	No			None	NO	K Joseph C.	Seve	rns	Lex	ingto	n P	ark,	Md.
	18. CAUSE OF DEA	ATH [Enter anly one ca	use per li	ne far (a), (b), and (c).							INTE	RVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	)	PREMATI	URIT	Y #7750							OMir
	776	DUE TO											
	Canditions, if a		)										
	gove rise to in cause (o), stating												
	lying couse last.	) (c	)										
NOI	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDI	TION GIV	EN IN PART	T 1(o) 15	PERFOI	RMED?
CAI												YES -	NO 🗌
CERTIFICATION	200. ACCIDENT WA	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Por	rt II of ite	m 1B.)				
		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Manth, Day, Yes	or 20d. II While	Not while	20e. PLA	CE OF INJURY (Hame, form ary, street, affice bldg., etc	, 20f. (City	y or town)		(C	County)		(Stote)
ME	p. m.	19	at war	k ot wark						J. T.			
	21. I certify tha	it (1) (this haspital	) attend	ed the deceased t	fram	10-6 19	61 , ta_	1	0-6-	, 19_6	1, the	X (1) to	(VS) last
	saw the deceas	ed alive an	10-6	19_61, and	that de	eath accurred al : 3	QVI, fram	the ca	uses an	d an the	date	stated	abave.
	220. SIGNATURE	PO	X	1		ATTENDING M	FD	STAFF				, ,-	DATE SIGNED
	22c. PHYSIGHASPS	A ()	11	ors	M		RECTOR .	STAFF PHYS.				6-61	
	NAME (Type)	77	4 TO TO 10			22d. ADDRESS			-	ital,	US	NAS,	
_	Е. Р.		APT 1			Patuxen							
230	BURIAL, CREMATIO		61	23c. NAME OF CEME	TERY OR	CREMATORY A PA	23d. LOCA	TION (Cit	ty, tawn, o		ir,	(State	**
24.	FUNERAL DIRECTOR	SISIGNATURE	18 G	ADDRESS O	179%	SIA ST A 259 MEC	D BY REGIST	TRAR 2		TRAR'S SIC			
0	ARLO	1 1 1 / 2				, , , , , ,					A. /W		
1	100 124	11/06											

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTO	N STREET, BALTIMO	DRE 1, MARYLAND
11858	CERTIFICATE Them 1 Film G29	OF DEATI	H mh	11843
1. PLACE OF DEATH a. COUNTY				institution: Rasidence before edmission
St. Mary's	MARYLAND	a. STATE Ohio	b, COU	Miami V
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			fa PURAL and give neerest town)
writa RURAL and give nearest town)	8 4		D4 ave	17× -3
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street eddress)	d. STREET ADDRESS	Piqua S	e. IS RESIDENCE
A				ON A FARM
St. Mary's I	dospital Middle	1232 S.	Roosevelt Mon	YES NO Y
DECEASED	Middle	Fest	OF	th Dey Yeer
(Type or print) Elya	Mabel	Shaw	DEATH Ooto	
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In year, lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WII	DOWED DIVORCED T	ly 20.1895	66 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)  House wife	Home		Ohio	U.S.A.
13. FATHER'S NAME	1101119	14. MOTHER'S MAIDER		U.S.A.
200		Ella	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addres	
(Yes, no, or unkown) (If yes give war or detes of service	e)			
			143 Rolling F	load, Tewn Creek,
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	e per line for (a), (b), end (c).	Lex .		ONSET AND DEATH
IMMEDIATE CAUSE (e)	Generalzed	Carcen	onalons	1=mo.
JJ4X DUE TO			_	
Conditions, if eny, which (b)	Clarcenona	of he	rus .	10 mos.
geve rise to Immadiate ceuse DUE TO		0		
(a), steting the underlying Course last.				
	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY
OH CONTRACTOR OF THE CONTRACTO				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION  OF CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INDINOV OCCURED	(Enter nature of injury le	n David Los David II of Stam 18 1	YES NO X
20a. ACCIDENT WAS UNDERLYING   20b	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	n rem ( or rem () of item (b.)	
20c. TIME OF INJURY Month, Dey, Year Hour a.m.		CE OF INJURY (Home, fa ory, street, office bldg., et		(County) (State)
P.m. 19	et work et work			-
21. I certify that (I) (this hospital)	attended the deceased from	10-3-61	19. to 10-1	1-6/19, that (I) (we) la
saw the deceased alive on	. / / .			,
22a. SIGNATURE	1	dodni occaroo die	J	22b. DATE
1000000		D. PHYS.	MED. STAFF DIRECTOR PHYS.	10-11-6 SIGNE
22c. PHYSICIAN'S	M.	22d. ADDRESS	DIRECTOR   TITTS.	10.11.01
NAME (Type) DATR	IOK		NGTON PI	ARK WID
W-H- //	CITY WANT OF CENTERNY	-100 2 00 000000000000000000000000000000	23d, LOCATION (City, N	own or county) (Stete)
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	JK CKEMATOKT	250. LOCATION (City, it	
Burial Oct. 14,19		I -	Sidney,	Ohio
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256. RI	other S. Kraus
J.C.Cron & Son	Piqua, Ohio	DATE	CT 1 3 '61   O	www.

filled in by the funeral Pages 1 and 2 should 72 hours after death. death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hospitals. 15M 9/60

OR ATTENDING PHYSICIAN; The law requires that the death certificate be execute

ithin 24 hours after

St. Marylo

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St. Mary's Hospital 1878 J. Mosevelt

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Burkel Cot. 14,1961 .Extent

J.C.Cren & Son Picum, Chio

Bidney, Ohio

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

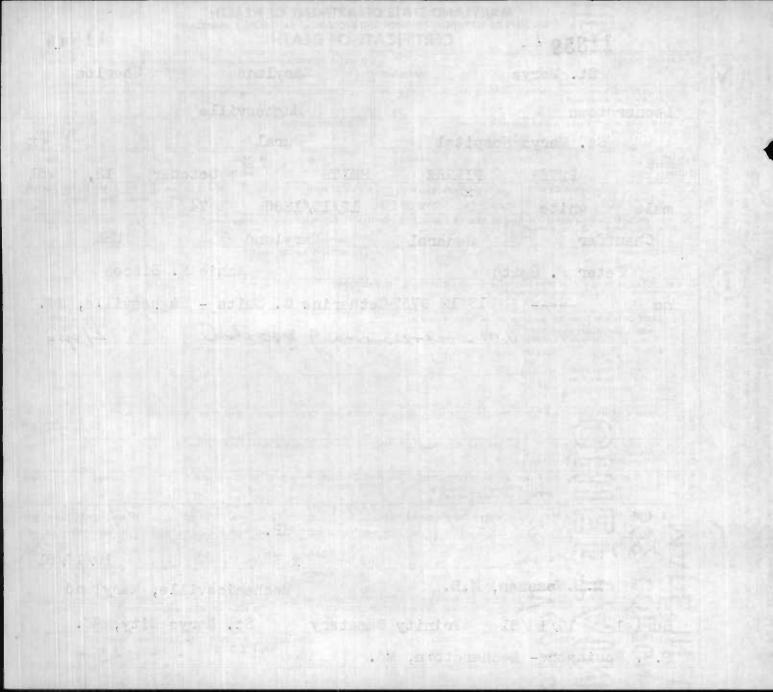
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	4-80 TO S		CERTIFIC	AIL	OI DE	7111				Tar O :	生 生
1. PLACE OF DEATH o. COUNTY	St. Mary	s	MARYLANI			eryl		lived. If institution b. COUNTY	Residence b	_	ission)
b. CITY OR TOWN (I RURAL ond give no Leonar d		ts, write	c. LENGTH OF STAY IN 11	b			utside corpord	ote limits, write RU	RAL ond give	nearest tov	vn)
	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADI				iv	e. IS RE	SIDENCE A FARM?
	St. Marys	Hos	pital			Rura	1		81	YES [	NO
3. NAME OF DECEASED (Type or print)	PETER	st	PIERRE	SI	VI TH		4. DATE OF DEATH	October		Day <b>5</b> ,	Yeor 1961
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	] B. D.	ATE OF BIRTH		5	1	Months Do	-	
male	white	WIDOWE				1886		74 yrs.	Months Doy	rs Hours	Min.
<ol> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ol>	ON (Give kind of work of king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	CE (Stole o	or foreign cou	intry)	12. CITIZEN		COUNTRY
Chauf	fer		General			ryla			US	A	
3. FATHER'S NAME				14	I. MOTHER'S M	AIDEN N					
	ter P. Sm						Ann	ie K. B	iscoe		
	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. 17	, INFOR	MANT			Addre	ss		
no		2	18 12 9757	Cat	herine	B.	Smith	- Hingh	esvil	le,	Md.
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	(1 A)		2	na 1	p-st	mile	a		NTERVAL E	
177	DUE TO				1	0				1	
Conditions, if o	mmediate										
couse (o), stoting lying couse lost.											
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH E	BUT NOT	related to t	HETERMIN	NAL DISEASE	CONDITION GIVE	N IN PART 1(c	PERF	ORMED?
	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUP	RRED. (E	nter noture of i	njury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. IN While of work	_ Not while		OF INJURY (Ho street, office b			or town)	(Coun	ty)	(Stote
21. I certify the	9/	attend U	ed the deceased from		h occurred	, 12_ at 8 <b>P</b> •	M, fram t	he causes and			(we) las
220. SIGNATURE	non	-		M.D.	ATTENDING PHYS.	_ ME		STAFF PHYS.	1		26. DATE
22c. PHYSICIAN'S NAME (Type)	D.L.Massi	nan,	M.D.		22d. ADDRESS		hanio	sville,	Mary	land	
30. BURIAL, CREMATIC		F	23c. NAME OF CEMETER	OR CR	EMATORY		23d. LOCATI	ON (City, town, or	county)	(St	ote)
REMOVAL (Specify)	10/18/	61	Trinity	Cem	etery		St.	Marys (	City,	Md.	
4. FUNERAL DIRECTOR		T	ADDRESS			()	BY REGISTR	04	RAR'S SIGNA		
P.B. Ro	binson -	Leor	nardtown, M	d.		DATE		-	2, 1	Chambe)	

VR A1S (4) 15M 9/59

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		11862	CERT	IFICATI	E OF DEATH	1		11248		
1.	PLACE OF DEATH	H				ICE (Where decees		Residence before edmiss	ion	
		. Mary's	M.	ARYLAND	o. STATE Mary	land	St. COUNTY	. Mary's		
	b. CITY OR TOWN (	if outside corporete limit give neerest town)	c. LENGTH O	STAY IN 16	c. CITY OR TOWN	(If outside corporete	limits, write RURAL e	end give nearest town)		
	Leonardtow	m	7 day		X Rural	Leonardto	wn			
	d. NAME OF HOSPI	TAL OR INSTITUTION (in	not in hospitel, give street	eddress)	d. STREET ADDRESS			e. IS RESIDER		
-		St. Mary's	Hospital					YES NO		
3.	NAME OF DECEASED (Type or print)	First	Clarence		rkshire	4. DATE OF DEATH	Month October	Dey Yeer 16. 19 61		
5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED X   8	. DATE OF BIRTH		GE (In yeers   IF UNDER	RIYEAR IF UNDER 24 H	_	
	Male	Colored			larch 15,189	70	t birthdey) Months yrs.	Deys Hours Mi	n.	
10	. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	106. KIND OF BUSINES				gn country)   12. C	TITIZEN OF WHAT COUN	TRY	
	Labore			work	Charles	County,	Md.	U.S.A.		
13	FATHER'S NAME				14. MOTHER'S MAIDEN					
	Char	les Yorkshi	re		Joseph	nine Herb	ert			
		ER IN U.S. ARMED FORG		TY NO. 17. I	NFORMANT		Address			
	yes	WWL			eph H. York	shire Me	chanicsvil	le, Maryland	d	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	couse per line for (a), (b), a		lure			ONSET AND DEATH	1	
	422.	DUE TO	at	Vo.	+ 0	K				
	Conditions, if eny geverise to Immedi		Ltr uni	oscuro	lic evidio.	vasular	assure	10 yrs.		
	(e), steting the u	DITETO								
	ceuse lest.	) (c)_								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO I	DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVEN IN PA	RT 1(e) 19. WAS AUTOF PERFORMED YES NO	97	
CERTIFI	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJ	URY OCCURED	. (Enter neture of injury in	Part I or Pert II of it	lem 18.)			
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	RY Month, Dey, Yee	While Not While et work et work		CE OF INJURY (Home, fer- ory, street, office bldg., etc		own) (Co	ounty) (Stete		
	21. I certify that (I) (this hospital) attended the deceased from									
		sed alive on 16			death occured at					
	22e. SIGNATURE	Joseph	& Sill	M	Dilive		TAFF HYS.	22b. DA'		
	22c. PHYSICIAN'S NAME (Type)	Joseph E.	Gill M.D.		22d. ADDRESS	Leonard	town, Mary	land	~ 01.00	
23	BURIAL, CREMATI				OR CREMATORY		N (City, town or cou	nty) (Stete)		
B	REMOVAL (Specify)	10.18.61	St. Al	oysius		Leonard	town,	Md.		
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRES	5	25e. RE	C'D BY REGISTRAR	25b. REGISTRAR'S	S SIGNATURE		

DATOCT 1 9 '61

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W. Clarke Mattingley Ldonardtown, Maryland

63. ...

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10.38.61 St. Aleganus

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Leonaratown, Univind

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